

# **EXHIBIT 1**



February 13, 2019

**VIA ELECTRONIC MAIL AND OVERNIGHT MAIL**

Ms. Danielle Lewis  
PG&E Corporation  
245 Market Street, 5<sup>th</sup> Floor  
San Francisco, CA 94105  
Email: [dpl0@pge.com](mailto:dpl0@pge.com)

PG&E Corporation Reclamations Demands  
c/o Prime Clerk LLC  
850 3rd Avenue, Suite 412  
Brooklyn, New York 11232

Stephen Karotkin  
WEIL, GOTSHAL & MANGES LLP  
767 Fifth Avenue  
New York, NY 10153-0119  
[stephen.karotkin@weil.com](mailto:stephen.karotkin@weil.com)

**Re:     *In re PG&E Corporation, et al.*, Case No. 19-30088 (Jointly Administered)**

Dear Ms. Lewis and Mr. Karotkin:

I am writing on behalf of Sabre Industries, Inc. ("Sabre") a supplier of goods, in the form of infrastructure products to the above-captioned debtors and debtors in possession (collectively, the "Debtors"). Prior to January 29, 2019 (the "Petition Date"), the Debtors received, in the ordinary course of business, certain goods from Sabre for which Sabre has not received payment. Accordingly, Sabre hereby asserts certain claims, rights and remedies with respect to those unpaid goods.

Pursuant to all applicable provisions of the Uniform Commercial Code, including without limitation section 2-702, section 546(c) of the United States Bankruptcy Code, and any applicable common law, Sabre hereby makes a reclamation demand upon the Debtors for all goods delivered by Sabre to the Debtors between December 14, 2018 and the Petition Date (the "Reclamation Goods"). Specifically, as set forth in the chart attached hereto as Exhibit A, the Debtors received no less than \$371,556.80 in Reclamation Goods from Sabre in the 45 days prior to the Debtors' bankruptcy filings.

Sabre makes this demand for reclamation without prejudice to all other rights and remedies available to it, at law or in equity, including, but not limited to, its right to an allowed administrative expense claim under 11 U.S.C. § 503(b)(9) for the value of all goods received by the Debtors within twenty days before the Petition Date. Sabre expressly reserves the right to modify, amend and/or supplement the demands made herein.

February 13, 2019

Page 2

Please contact the undersigned for the instructions for the immediate return of the goods subject to this reclamation demand. You are further notified that all goods subject to Sabre's rights of reclamation should be immediately segregated by the Debtors and not used for any purpose.

Very truly yours,



Timothy A. Rossetti  
EVP, CFO and CAO  
Sabre Industries, Inc.

cc: Samuel Becker (Becker@BlankRome.com)

Attachments: Exhibit A

## **Exhibit A**

Order #	Bid #	Invoice #	Invoice Date	PO #	Invoiced Amounts	Ship Date	Arrival Date	Ship-To Address
19-418351	19-14438	540504	12/31/2018	3501176011	\$ 4,550.63	12/14/2018	12/18/2018	Fall River Mills, CA
19-418579	19-14468	541757	1/15/2019	3501176827	\$ 66,335.35	12/26/2018	1/2/2019	Oroville, CA
19-418687	19-14469	541758	1/15/2019	3501176846	\$ 96,103.53	12/26/2018	1/2/2019	Oroville, CA
19-418762	19-14470	542141	1/17/2019	3501176797	\$ 105,571.01	12/26/2018	1/7/2019	Oroville, CA
19-418823	19-14471	542142	1/17/2019	3501176792	\$ 73,879.47	12/26/2018	1/7/2019	Oroville, CA
				Total	\$ 346,439.99			
				Sales Tax	\$ 25,116.81			
				Grand Total	\$ 371,556.80			



## BILL OF LADING - Short Form. Not Negotiable

308884

Name of Carrier: <b>CH ROBINSON</b>	Carrier Number: 200-311-2130 x 13	BOL No. MCF 200006	
Carrier Code: <b>RBIN</b>	Pick-Up Date and Time: 12/14/18	Delv. Date and Time: 12/18/18 00:00	
TO Consignee: <b>PG&amp;E</b>	From Shipper: Bossier City, LA 5031 Hazel Jones Road Bossier City, LA 71111	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party	
Street: <b>24500 Pil Powerhouse Rd</b>	Zip Code: <b>98028</b>	<b>CH ROBINSON</b> 2351 CONNECTICUT S STE 300 SARTELL MN 56377	
City/State: <b>Lakeview Mills CA 98028</b>			
Delivery/Special Instructions: <b>Cameron Champion 530-360-6325</b>			
Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
0	0 Load# 0	2,668	0
0			
0		0	
1	1113251-1-1 Customer PO: 3501176011 PO Lin: 1 1113251-3536-1	1,281	
1	410351-1-1 Customer PO: 3501176011 PO Lin: 1 410351-3539-B	1,387	
<b>SO#410351 PO#3501176011 Project name- Po# 3501176011 WPI Black Polo</b>			
<b>Please call 800-344-4007 24 hours before delivery between the hours of 8AM-5PM</b>			

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR

DRIVER

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. \_\_\_\_\_ Alter Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ 100,000.00

SHIPPER/CONSIGNOR

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed   
Driver

Truck Number 84

Witnessed   
Name of Trucking Company

Date 12/14/18 Time \_\_\_\_\_

Sabre Representative

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed   
Crew Foreman

Company \_\_\_\_\_

Witnessed   
Date \_\_\_\_\_ Time \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_



### Miscellaneous Shipment Authorization

Pack ID 308886	Customer PG&E	Site State CA	Site Name PO 3501176011 WPE
	Requested By drivers		Site Country
Ship Date 12/14/2018	Arrive Date/Time 12/18/2018 12:00 AM	Model	Height 0.00

Shipment Type 4. CPU	Material To Ship Utility	Est Truck Loads	Ship From Bossier City
Cosignee PG&E	Contact Name\Phone\Cell Cameron Champion 530-360-6325	Ship Address 24500 Pit Powerhouse Rd. Fall River Mills, CA 96028	

**Directions**

SO#418351 PO#3501176011 Project name- PO# 3501176011 WPE Steel Pole

Please call 24 hours before delivery between the hours of 8AM-5PM

Contact: Cameron Champion (530) 360-6325

Line	Qty	Part Number	Description	Weight
Order Number: 418351				
1	0	418351		0.00
2	1	418351-3539-B		1,387.00
3	1	418351-3536-T		1,281.00
Approved By: kharper				Total Weight: 2,668.00

CH ROBINSON	800-311-2130 x 13	MSE-308886
RBTW	12/14/18	12/18/18 00:00
PG&E	Bossier City, LA 5031 Hazel Jones Road	X
24500 Pit Powerhouse Rd.	Bossier City, LA 71111	
Fall River Mills CA 96028		CH ROBINSON
Cameron Champion		2351 CONNECTICUT S
530-360-6325		STE 300 SARTELL MN
		56377

0 Load#: 0	2,668	0
0		
0	0	
1 *418351-1-1 Customer PO: 3501176011 PO Ln: 1 418351-3536-T	1,281	
1 418351-1-1 Customer PO: 3501176011 PO Ln: 1 418351-3539-B	1,387	
SO#418351 PO#3501176011 Project name- PO# 3501176011 WPE Steel Pole		

Please call 800-344-4997 24 hours before delivery  
between the hours of 8AM-5PM

100,000.00



## BILL OF LADING - Short Form. Not Negotiable

Name of Carrier: <i>Customer Pickup</i>	Carrier Number: <i>800-325-0215</i>	BOL No. <i>418579</i>
Carrier Code: <i>C PUX</i>	Pick-Up Date and Time: <i>12/26/18</i>	Delv. Date and Time: <i>12/29/18</i>
TO Consignee: <i>Pacific Gas + Electric</i>	From Shipper: <i>Bossier City, LA 5031 Hazel Jones Rd</i>	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input checked="" type="checkbox"/> Third Party
Street: <i>2592 South 5th AVE</i>		
City/State: <i>Oroville, CA 95965</i>		
Zip Code: <i>95965</i>		
Delivery/Special Instructions: <i>Charlene McCloud 209-941-2-16669</i>		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	418579-7-3-H2-65	940	
1	418579-6-1-	892	
1	418579-7-1-H2-65	940	
1	418579-6-2-H	892	
1	418579-7-2-H2-65	940	
1	418579-4-2-H1-65	798	
1	418579-8-1-H3-55	923	
1	418579-4-3-H1-65	798	
1	418579-4-1-H1-65	798	
1	418579-5-1-H1-70	837	
1	418579-4-4-H1-65	798	
1	418579-3-2-H1-60	798	

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR *KH*

DRIVER *John*

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR *KH*

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_.

SHIPPER/CONSIGNOR *KH*

**PRE-SHIPPING/INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed *John* Driver

Truck Number 213

Witnessed *ASIAN EXPRESS*

Name of Trucking Company

Date 12/28/18 Time \_\_\_\_\_

Sabre Representative *John*

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_

Company \_\_\_\_\_

Crew Foreman

Witnessed *John*

Driver

Date \_\_\_\_\_ Time \_\_\_\_\_

Case: 19-30088 Doc# 476-1 Filed: 02/19/19 Entered: 02/19/19 10:34:00 Page 9



## BILL OF LADING - Short Form. Not Negotiable

Name of Carrier: <b>Utley</b>	Carrier Number: <b>800-325-0215</b>	BOL No.	
Carrier Code: <b>CPUK</b>	Pick-Up Date and Time: <b>12/26/18</b>	Delv. Date and Time: <b>12/29/18</b>	
TO Consignee: <b>Partie Gas + Electric</b>	From Shipper: <b>Bosser, City, CA</b>	Send All Freight Bills To:	
Street: <b>2892 South 5th Ave</b>		<input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party	
City/State: <b>DUROVILLE, CA 95965</b>	Zip Code:		
Delivery/Special Instructions: <b>Charlene McLoed 209-942-1669</b>			
Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	418579 - 1-1 - H1-60	786	
1	418579 - 3-1 - H1-60	752	
1	418579 - 2-1 - H1-55	752	
1	418579 - 9-2 - H3-65	1,017	
<b>POT# 3501170827</b>			

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SIGNER/CONSIGNOR \_\_\_\_\_ DRIVER \_\_\_\_\_

SECTION 7 - NON-RE COURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SIGNER/CONSIGNOR \_\_\_\_\_

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_.

SIGNER/CONSIGNOR \_\_\_\_\_

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Truck Number \_\_\_\_\_  
Driver \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Name of Trucking Company \_\_\_\_\_

Sabre Representative \_\_\_\_\_

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_  
Crew Foreman \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Case: 19-30088 Doc# 476-1 Filed: 02/19/19 Entered: 02/19/19 10:34:00 Page 10  
of 24

**Sabre - FWI**

*Load Verification Inspection*

DATE:	BOL#	Job#	Truck#	Check Box

(1) Verify information on ID tag matches information on the section.

(2) Verify all welds on the section are completed.

(3) Verify there is no outer damage to the poles.

(4) Check quality of surface finish.

(5) Verify there are no loose items within the section.

(6) Verify protective caps are in place where required.

(7) Verify there is proper spacing and protection to prevent shipping damage.

(8) Verify all hardware is palletized and stretch wrapped, with job number and ship date.

(9) Purple flag the trailer once the load has been verified as correct.

Comments:

DATE: 4/18/19

BOL#

Comments:

Check Box

65 H2 7-3 7-2 4-1 1-1  
6-1 4-2 5-1 3-1  
7-1 8-1 4-4 9-2  
6-2 4-3 3-2

200  
190

65 H1  
1-6 H1  
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**Sabre Industries™**

## BILL OF LADING - Short Form. Not Negotiable

Name of Carrier: <b>CHANDONSON</b>	Carrier Number: 418579	BOL No. <b>Load 7</b>
Carrier Code: <b>CPDX</b>	Pick-Up Date and Time: <b>1/21/18</b>	Delv. Date and Time: <b>1/21/18</b>
TO Consignee: <b>PGF</b>	From Shipper: <b>Bossier City LA 71111</b>	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street: <b>2593 S. 5th Ave</b>		
City/State: <b>Oroville, CA 95965</b>	Zip Code: <b>95965</b>	
Delivery/Special Instructions: <b>McCurdy McLeod 209-592-1100</b>		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	POL B6000 3501170827	250 lbs	
1	1-1 H1 60 T		
1	2-1 H1 55 T		
1	3-1 H1 60 T		
1	3-2 H1 60 T		
1	7-3 H2 65 F		
1	10-1 H4 65 T		
1	11-1 H1 65 T		
1	14-2 H1 65 T		
1	14-3 H1 65 T		
1	14-4 H1 65 T		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR

*Kerry Venner* *No Damage Here*

DRIVER

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR

*WA*

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. \_\_\_\_\_ Alter Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_.

SHIPPER/CONSIGNOR

*WA*

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed

*No Damage Here*

Truck Number

*H. 807*

Driver

Witnessed

*Tech 1 Mackie*

Date

*12/28/18*

Time

Name of Trucking Company

Sabre Representative

*JDR*

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed

Crew Foreman

Company

Witnessed

Case: 19-30088 Doc# 476-1 Filed: 02/19/19 Entered: 02/19/19 10:34:00 Page 12

Driver

Date

Time



**BILL OF LADING - Short Form. Not Negotiable**

Name of Carrier:	Carrier Number:	BOL No.	
Carrier Code:	Pick-Up Date and Time:	Delv. Date and Time:	
TO Consignee:	From Shipper:	Send All Freight Bills To:	
Street:		<input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> Third Party	
City/State:	Zip Code:		
Delivery/Special Instructions:			
Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	418579 H3.65 T	2043501176827	
1	6-2 H2.55 T		
1	5-1 H1.70 T		
1	6-1 H2.55 T		
1	7-1 H2.65 T		
1	7-2 H2.65 T		
1	8-1 H3.55 T		
1	9-2 H3.65 T		

**DRIVER CERTIFICATION.** Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

**SHIPPER/CONSIGNOR** \_\_\_\_\_ **DRIVER** \_\_\_\_\_

**SECTION 7 - NON-RECOURSE ON CONSIGNOR.** If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

**SHIPPER/CONSIGNEE**

Notify if problem arises in route or at delivery: \_\_\_\_\_ Name: \_\_\_\_\_ Transportation Manager \_\_\_\_\_ Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

**AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE.** The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_.

SHIPPER/CONSIGNEE

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Driver \_\_\_\_\_ Truck Number \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Name of Trucking Company \_\_\_\_\_

Sabre Representative

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_ .  
Crew Foreman

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



## Load Verification Inspection

DATE: \_\_\_\_\_ BOL# \_\_\_\_\_ Job# 579 Truck# \_\_\_\_\_ Check Box

- (1) Verify information on ID tag matches information on the section.
- (2) Verify all welds on the section are completed.
- (3) Verify there is no outer damage to the poles.
- (4) Check quality of surface finish.
- (5) Verify there are no loose items within the section.
- (6) Verify protective caps are in place where required.
- (7) Verify there is proper spacing and protection to prevent shipping damage.
- (8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.
- (9) Purple flag the trailer once the load has been verified as correct.

Comments:

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector: John J. Maguire

Forklift Driver (if Needed):

## BILL OF LADING - Short Form. Not Negotiable

Sabre Industries™ 418687

Name of Carrier: <b>CH Robinson</b>	Carrier Number: <b>CPUX</b>	BOL No. <b>Load 1</b>
Carrier Code: <b>CPUX</b>	Pick-Up Date and Time: <b>12/21/18</b>	Delv. Date and Time: <b>12/21/19</b>
TO Consignee: <b>DISPENSERS PG&amp;E</b>	From Shipper: <b>Bossier City LA 71111</b>	Send All Freight Bills To:
Street: <b>2593 S. 5th Ave</b>	5031 Herzl Jones	<input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
City/State: <b>Oroville, CA 95965</b>		
Delivery/Special Instructions: <b>Charlene McLeod 209-497-1169 Tel</b>		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	4-1 C1 15 B	PO #35011716840	256 105
1	5-1 C1 80 B		
1	5-2 C1 80 B		
1	7-1 H2 85 B		
1	1-6 C1 60 B		
1	3-3 C1 70 B		
1	1-4 C1 60 B		
1	3-4 C1 70 B		
1	3-1 C1 70 B		
1	2-1 C1 65 B		
1	2-5 C1 65 B		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR

*Kris Klump* DRIVER *Tumlinson 005*

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_

SHIPPER/CONSIGNOR 100

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed X Tumlinson 005 Driver H 05 Truck Number Date 12/27/18 Time \_\_\_\_\_

Witnessed B+ EXS Name of Trucking Company JCCFA Date 12/27/18 Time \_\_\_\_\_

Sabre Representative \_\_\_\_\_

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_  
Crew Foreman \_\_\_\_\_

Entered: 02/19/19 10:34:00 Page 15  
Case: 19-30088 Doc# 476-1 Filed: 02/19/19 Entered: 02/19/19 10:34:00 Time  
Driver  
of 24

**Sabre Industries™**

**BILL OF LADING - Short Form. Not Negotiable**

**DRIVER CERTIFICATION.** Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, packed, loaded & delivered in accordance with the terms of the contract.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labelled and are in proper condition for transporting according to the applicable regulations of the Department of Transportation.

**SHIPPER/CONSIGNEE**

## DRIVER -

**SECTION 7 - NON-RE COURSE ON CON SIGNOR.** If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

**SHIPPER/CONSIGNOR**

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No.

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE: \_\_\_\_\_ AIR BILL NO. \_\_\_\_\_

**SHIPPING DOCUMENT** The agreed or declared value of

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_  
Driver \_\_\_\_\_

**Truck Number**

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Name of Trucking Company

Sabre Representative \_\_\_\_\_

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_  
Crew Foreman \_\_\_\_\_ Company \_\_\_\_\_

# Sabre - FW/T

## Load Verification Inspection

DATE:

BOL#

Job# 418687

Truck#

Check Box

(1) Verify information on ID tag matches information on the section.

(2) Verify all welds on the section are completed.

(3) Verify there is no outer damage to the poles.

(4) Check quality of surface finish.

(5) Verify there are no loose items within the section.

(6) Verify protective caps are in place where required.

(7) Verify there is proper spacing and protection to prevent shipping damage.

(8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.

(9) Purple flag the trailer once the load has been verified as correct.

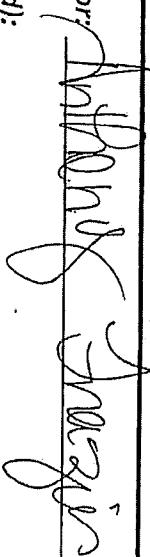
16 male Sections

4-1	1-6	3-1	2-8
5-1	3-3	2-1	1-3
5-2	1-4	2-5	6-1
7-1	3-4	2-4	1-3

Comments:

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector:

  
Forklift Driver (if Needed):

**Sabre Industries™****BILL OF LADING - Short Form. Not Negotiable**

418687

Name of Carrier:	Carrier Number:	BOL No.	
CPUX		Local 2	
Carrier Code:	Pick-Up Date and Time:	Delv. Date and Time:	
CHI Robinson	12/26	12/26/19	
TO Consignee:	From Shipper:	Send All Freight Bills To:	
PG+E	ROSSIER CITY	<input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party	
Street:	LA 71111		
2593 S STATE			
City/State:	5031 Hazel Jones		
Oromie, CA			
Delivery/Special Instructions:			
Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	PO# 3501176846		
1	1-4 C1 100 T		
1	1-3 C1 100 T		
1	1-1 C1 100 T		
1	1-5 C1 100 T		
1	1-1 C1 100 T		
1	1-6 C1 100 T		
1	1-7 C1 100 T		
1	1-2 C1 100 T		
1	3-1 C1 70 T		
1	3-2 C1 70 T		
1	3-3 C1 70 T		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR

DRIVER

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ 100.SHIPPER/CONSIGNOR Wes

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed

Truck Number

H 55

Driver

Witnessed

Date

Time

Name of Trucking Company

Sabre Representative

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed

Company

Crew Foreman

Witnessed

Date

Time

Case: 19-30088 Doc# 476-1 Filed: 02/19/19 Entered: 02/19/19 10:34:00 Page 18



## BILL OF LADING - Short Form. Not Negotiable

Name of Carrier: <i>Wally Cet Robinson</i>	Carrier Number:	BOL No.
Carrier Code: <i>CDUX</i>	Pick-Up Date and Time:	Delv. Date and Time:
TO Consignee: <i>PG &amp; F</i>	From Shipper:	Send All Freight Bills To:
Street: <i>7593 S 5th Ave</i>		<input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input type="checkbox"/> Third Party
City/State: <i>Ovoville, CA 95963</i>		
Delivery/Special Instructions:		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	<i>PO# 350708410</i>		
4-1	<i>C175 T</i>	<i>15-1</i>	<i>C180 T</i>
4-2	<i>C175 T</i>	<i>15-2</i>	<i>C180 T</i>
7-1	<i>C175 T</i>	<i>12-7</i>	<i>C165 T</i>
2-8	<i>C165 T</i>	<i>12-5</i>	<i>C165 T</i>
2-1	<i>C165 T</i>	<i>12-6</i>	<i>C165 T</i>
2-3	<i>C165 T</i>		
2-4	<i>C165 T</i>		
2-2	<i>C165 T</i>		
3-4	<i>C170 T</i>		
1-8	<i>C160 T</i>		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR \_\_\_\_\_ DRIVER \_\_\_\_\_

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR \_\_\_\_\_

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_.

SHIPPER/CONSIGNOR \_\_\_\_\_

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Truck Number \_\_\_\_\_  
Driver \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Name of Trucking Company \_\_\_\_\_

Sabre Representative \_\_\_\_\_

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_  
Crew Foreman \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Sabre Industries™**

## BILL OF LADING - Short Form. Not Negotiable

418762

309159

Name of Carrier: <b>CH Robinson</b>	Carrier Number:	BOL No. <b>Load 1</b>
Carrier Code: <b>CPLX</b>	Pick-Up Date and Time: <b>12/24</b>	Delv. Date and Time: <b>1/2/18</b>
TO Consignee: <b>DGF</b>	From Shipper: <b>Bossier City, LA 71111</b>	Send All Freight Bills To: <input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
Street: <b>15013 S. 5th Ave</b>	Zip Code: <b>954105</b>	
City/State: <b>OROVILLE CA</b>		
Delivery/Special Instructions: <b>209-492 Charlotte Mycock</b>		

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	<b>418762 POU 3501176797</b>		
5-1	<b>H1 70</b>		
1-6	<b>C1 VS</b>		
1-1	<b>C1 VS</b>	<b>8 H1 VS T</b>	
1-5	<b>C1 VS</b>	<b>14 C1 VS T</b>	
1-4	<b>C1 VS</b>		
4-3	<b>H1 VS</b>		
4-2	<b>H1 VS</b>		
1-12	<b>C1 VS</b>		
4-1	<b>H1 VS</b>		
1-10	<b>C1 VS</b>		
1-8	<b>C1 VS</b>		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR KarenDRIVER X

SECTION 7 - NON-RECOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR KarenNotify if problem arises in route or at delivery: Name Transportation Manager Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_.

SHIPPER/CONSIGNOR VAC

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed X J. K. Kan DriverTruck Number H 114Witnessed S. Sanders Name of Trucking CompanyDate 12/27/18 Time \_\_\_\_\_Sabre Representative J. K. Kan

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_

Crew Foreman

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Entered: 02/19/19 10:34:00 Page 20

Case: 19-30088 Doc# 476-1 Filed: 02/19/19 Entered: 02/19/19 10:34:00 Page 20



## BILL OF LADING - Short Form. Not Negotiable

Name of Carrier: <b>CHW DITION</b>	Carrier Number:	BOL No. <b>Load 1</b>	
Carrier Code: <b>OPUX</b>	Pick-Up Date and Time: <b>12/26</b>	Delv. Date and Time: <b>1/21/18</b>	
TO Consignee: <b>PGE</b>	From Shipper: <b>Bossier City LA 71111</b>	Send All Freight Bills To: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee <input checked="" type="checkbox"/> Third Party	
Street: <b>2593 S. 5th Ave</b>	Zip Code: <b>DOVILLE, CA 95905</b>		
Delivery/Special Instructions: <b>CHEMVIEW MCLEOD 209-492-1181 JONES</b>			
Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
1	1-14 C1 VS DO 3501174797		
1	4-9 H1 VS		
1	4-8 H1 VS		
1	1-9 C1 VS		
1	1-11 C1 VS		
1	4-7 H1 VS		
1	1-13 C1 VS		
1	1-7 C1 VS		
1	1-3 C1 VS		
1	4-4 H1 VS		
1	1-2 C1 VS		
1	1-5 H1 VS		

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Sabre Industries Driver

SECTION 7 - NON-REOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

KAT Driver

Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. \_\_\_\_\_ Alter Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_.

KAT Driver

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed KAT Truck Number \_\_\_\_\_  
Driver \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Name of Trucking Company \_\_\_\_\_

Sabre Representative \_\_\_\_\_

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_  
Crew Foreman \_\_\_\_\_

Case: 19-30088 Doc# 476-1 Filed: 02/19/19 Entered: 02/19/19 10:54:00 Page 21  
Witnessed \_\_\_\_\_ Driver \_\_\_\_\_  
of 24

**Sabre - FWT**

300150

~~DO NOT~~

*Load Verification Inspection*

DATE: 12-19-18

BOL# 418767 Job# 418767 Truck#

Check Box

(1) Verify information on ID tag matches information on the section.

(2) Verify all welds on the section are completed.

(3) Verify there is no outer damage to the poles.

(4) Check quality of surface finish.

(5) Verify there are no loose items within the section.

(6) Verify protective caps are in place where required.

(7) Verify there is proper spacing and protection to prevent shipping damage.

(8) Verify all hardware is palletize and stretch wrapped, with job number and ship date.

(9) Purple flag the trailer once the load has been verified as correct.

2<sup>g</sup> Female  
Sections

Comments:

NOTE: STOP SHIPMENT IF A PROBLEM IS FOUND AND NOTIFY MANAGEMENT.

Inspector: John Gracis

Forklift Driver (if Needed):

**Sabre Industries**

## BILL OF LADING - Short Form. Not Negotiable

Name of Carrier:	CH NO PINSON	Carrier Number:	BOL No.
Carrier Code:	CPUX	Pick-Up Date and Time:	Delv. Date and Time:
TO Consignee:	PGSE	From Shipper:	Send All Freight Bills To:
Street:	2593 E. 5th Ave	BOSSIER CITY LA 71111	<input type="checkbox"/> Shipper <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Third Party
City/State:	Oroville, CA	Zip Code:	95965
Delivery/Special Instructions: <i>Melinda McLeod 2094921609</i>			

Quantity	Kind of Package, Description of Articles, Special Marks and Exceptions	Weight	Miles
	PO# 3501170701	28K	125
1	I-1D C1 V5 T 418762	1	C1 V5 T
1	I-1U C1 V5 T	1	V5 T
1	I-9 C1 V5 T	1	V5 T
1	I-1 C1 V5 T	1	V5 T
1	I-4 C1 V5 T	1	V5 T
1	I-5 C1 V5 T	1	V5 T
1	I-6 C1 V5 T	1	V5 T
1	I-13 C1 V5 T	1	V5 T
1	I-3 C1 V5 T	1	V5 T
1	I-7 C1 V5 T	1	V5 T

DRIVER CERTIFICATION. Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER/CONSIGNOR *W.M.*DRIVER *X*

SECTION 7 - NON-REOURSE ON CONSIGNOR. If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

SHIPPER/CONSIGNOR *W.M.*Notify if problem arises in route or at delivery: Name Transportation Manager Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE. The agreed or declared value of the property is specifically stated by the shipper to be \$ \_\_\_\_\_.

SHIPPER/CONSIGNOR *W.M.*

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed *J.D.* DriverTruck Number *418763*Witnessed *G.M.*Date *12/28/18* Time \_\_\_\_\_

Name of Trucking Company

Sabre Representative *J.S.*

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_

Crew Foreman

Case: 19-30088 Doc# 476-1 Filed: 02/19/19 Entered: 02/19/19 10:34:00 Page 23

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



# **BILL OF LADING - Short Form. Not Negotiable**

**DRIVER CERTIFICATION.** Received, subject to negotiated rates and agreed-upon contract terms with Carrier or Broker. Receipt is acknowledged by Carrier of the property described above in apparent good order except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above, which Carrier agrees to carry to destination.

This is to certify that the materials/articles listed above are properly classified, described, packaged, marked, labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

**SHIPPER/CONSIGNOR** \_\_\_\_\_

DRIVER

**SECTION 7 - NON-RECOURSE ON CONSIGNOR.** If the shipment is to be delivered to the Consignee without recourse against the Consignor, the Consignor shall sign the following statement: The Carrier shall not make delivery of the shipment without either first establishing credit with the 'Consignee/Third party Bill to' depicted above, or without first receiving payment of freight and all other lawful charges.

**SHIPPER/CONSIGNEE**

Notify If problem arises in route or at delivery: Name \_\_\_\_\_ Transportation Manager \_\_\_\_\_ Telephone No. \_\_\_\_\_ After Hrs. No. \_\_\_\_\_

**AMOUNT OF LIABILITY FOR FREIGHT LOSS/DAMAGE.** The agreed or declared value of the property is specifically stated by the shipper to be \$

#### **CHURCH/CONSCIENCE**

**PRE-SHIPPING INSPECTION.** I have secured and visually inspected the material on my truck and have found that all parts visible are not warped, bent, scraped, dented or damaged in any way. I have also witnessed the Sabre Communications Representative named below inspect the cargo for damages or shortages.

Signed \_\_\_\_\_ Driver \_\_\_\_\_ Truck Number \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Name of Trucking Company

**POST-SHIPPING INSPECTION.** I have visually inspected the material on this truck prior to their removal and have found that they are not warped, bent, scraped, dented or damaged in any way beyond the form, fit, or function of the project.

Signed \_\_\_\_\_ Company \_\_\_\_\_